



JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

JONATHAN E. FREEDMAN
Chief Deputy Director

313 North Figueroa Street, Room 806
Los Angeles, California 90012
TEL (213) 240-8117 • FAX (213) 975-1273

www.publichealth.lacounty.gov

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July 30, 2010

TO: Each Supervisor

FROM: Jonathan Fielding, MD, MPH *J. Fielding MD*
Director and Health Officer

SUBJECT: **RESPONSE TO MOTION REGARDING FEDERAL FUNDING FOR PUBLIC HEALTH PREPAREDNESS AND EMERGENCY RESPONSE ACTIVITIES**

On July 13, 2010, upon motion by Supervisor Knabe, your Board instructed the Chief Executive Office and the Department of Public Health (DPH) to provide information related to preparedness goals, measures, monitoring, reporting and projected spending detail related to the 2010-11 Public Health Emergency Preparedness (PHEP) funding from the Centers for Disease Control and Prevention (CDC).

BACKGROUND

Since 2001, DPH has received PHEP funding from the CDC to support DPH's infrastructure and activities related to emergency preparedness and response. The funds are awarded to each jurisdiction are based on population through a cooperative agreement with the CDC. Detailed and prescriptive guidance is provided by CDC to awardees. In order to receive funding, each jurisdiction is required to submit extensive, detailed applications, including proposed expenditure plan.

The CDC reviews and approves the grant applications proposed by each jurisdiction to ensure that all activities and expenses are relevant to the required public health components of preparedness defined by the CDC such as biosurveillance, community resilience, countermeasures and mitigation, incident management, information systems, and surge management.

2010-11 PHEP Grant Application

As noted above, each grant term, DPH is required to submit to the CDC a detailed, comprehensive plan and budget. For 2010-11, the CDC approved DPH's proposed plan. The following elements comprise the plan submitted to the CDC:

- DPH PHEP Work Plan- Priority Projects (Attachment 1): The work plan details the priority projects that DPH intends to complete in 2010-11 term with the support of PHEP funds. DPH priority tasks include: enhancing the public health emergency volunteer training network; enhancing workforce capacity to respond to public health emergencies; building community resilience in Los Angeles County; and improving disease control activities. Although the work plan highlights the four priority projects, the CDC funding supports many other preparedness initiatives and activities conducted by staff across DPH in the areas of surveillance and epidemiology, counter measure response, laboratory, environmental health, risk communication, and information systems whose positions are, in most instances, entirely supported by federal preparedness funding. Detail of those activities is included in the response to Question #1 of the motion below.
- DPH PHEP Work Plan- Program Requirements (Attachment 2): This document reflects how DPH plans to meet program requirements set by the CDC related to following areas: volunteer health care professional registration, Public Health information network development, collaboration with the State Office for Aging, emergency preparedness plans and public comment, accredited schools of public health collaboration, and mass prophylaxis and countermeasure distribution and dispensing planning.

Responses to Questions in the Motion

- 1) *What are the measurable goals for improving preparedness that the Department plans to achieve for the County as a whole and for each of its Service Planning Areas and/or communities?*

To address and successfully meet the projects and requirements outlined in Attachments 1 and 2, seven focus areas were established within DPH. Below is a brief description of the role of each focus area:

- Administration
This area is primarily managed by the DPH Emergency Preparedness & Response Program, which administers and oversees all components funded by the PHEP grant, tracks deliverables, leads, and coordinates DPH-wide preparedness activities and projects, ensures overall emergency response capabilities of DPH, and engages public and private community stakeholders countywide around preparedness initiatives. Preparedness activities directly managed by this area include: emergency operations coordination and incident management; emergency information management; and countermeasures and mitigation efforts, such as planning for mass care, fatality management, medical countermeasure dispensing, non-pharmaceutical interventions, medical supply management and distribution, surge management; emergency response plan development; exercise development and management; community resilience development; and volunteer management. This area also supports public health nurses, one in each SPA, who coordinate SPA level emergency preparedness outreach and emergency response activities.
- Surveillance & Epidemiology
These activities are primarily managed by the DPH Acute Communicable Disease Control Program. This area oversees disease reporting, conducts active and passive disease monitoring, outbreak investigation and control, epidemiologic investigations, and collaborates with public providers and hospitals around unified disease surveillance for possible public health threats.

- Biological and Chemical Laboratory
Specialized laboratory work is managed by the DPH Public Health Laboratory. The Lab conducts all laboratory testing required by the CDC and DPH. It is part of the National Laboratory Response Network, and is one of only two laboratories in California funded by the CDC to conduct advanced biological testing to rapidly identify potential bioterrorism agents, and meets the requirements of the CDC Select Agent Program (bioterrorism agents).
- Cities Readiness Initiative
Primarily managed by the DPH Emergency Preparedness & Response Program, the purpose of the Cities Readiness Initiative is to prepare the County to respond to a large scale bioterrorist event by providing life-saving medications rapidly to the County's population. Response plans involve all of the 88 cities in Los Angeles County, as well as other public and private partners.
- Workforce Training
The DPH Organizational Training & Development Program is funded to improve DPH staff capacities related to emergency response duties. This includes: providing training Incident Command Structure (ICS) functions, improving DPH resiliency and capabilities during an emergency response, educating and training personnel on personal and community-level preparedness with an emphasis on leadership development.
- Risk Communication
The DPH External Relations & Communications Program is funded to conduct public information campaigns related to preparedness, establish mechanisms for cross sector partner engagement, and develop protocols for information management and dissemination before and during public health emergencies.
- Information Technology
DPH Information Systems is funded to streamline and improve information sharing, provide emergency communication notification systems, disease outbreak management data systems and emergency system technical support and maintenance.

2) *How will the results be measured, monitored and reported?*

As required by the grant, grantees provide progress reports and Financial Status Reports (FSRs) to the CDC twice a year. The programmatic progress reports are designed to capture all actions taken to reach priority project goals and objectives that were proposed and approved by the CDC. FSRs are required by the grant to estimate any unobligated funding and propose detailed actions to be taken to spend those funds.

Attachment 3 outlines DPH's performance measures and goals for FY 2010-11 and administrative reporting requirements as outlined by the CDC.

Additional oversight and review of DPH's management of PHEP funds to accomplish project goals is done through regularly scheduled communications and site visits with the designated CDC Project Officer for Los Angeles County and other CDC program staff. Site visits are conducted annually over several days, and include presentations by local subject matter experts and project leads to showcase DPH's preparedness activities. Grantees are also required to conduct exercises or drills to ensure that they can effectively respond to public health emergencies.

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Each exercise is evaluated and documented, with the results compiled into a formal After-Action Report (AAR). DPH uses evaluators during each exercise who are on-site as an observer/evaluator during the exercise, but are not actively participating. These evaluators are involved in the development of the AAR to provide a unique perspective of the successes and challenges of the exercise and to make recommendations for the improvement plan.

3) *How, in line-item detail, will the money be spent?*

Attachment 4 is a consolidated line-item summary of the budget proposed in DPH's PHEP grant application. A majority of the funds are directed to staffing costs. Since 2001, DPH has allocated and distributed PHEP grant funds, on a per capita basis to the other local health departments within Los Angeles County: the Pasadena Public Health Department and the Long Beach Department of Health and Human Services.

Attachment 5 contains detailed staffing information for the 2010 PHEP grant. This attachment reflects all County and contracted staff by item type.

If you have any questions or would like more information, please contact me.

JEF:ap

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
EMERGENCY PREPAREDNESS AND RESPONSE PROGRAM
WORK PLAN SUMMARY
FY 2010-11**

Priority Projects

- Enhancing the Public Health Emergency Volunteer Training Network

This project focuses on the challenges raised during the Pandemic H1N1 response and identified through our Department's after action review process. Specifically, the project will further the collaborative efforts created during the H1N1 response and nurture new collaborations with organized volunteer groups (i.e. CERT, American Red Cross, and Neighborhood Councils) willing to assist the department response to public health emergencies.

The Training Network will recruit, engage, and train volunteer groups prior to public health emergencies in an effort to increase the department's capacity to respond to widely impacting public health emergencies like pandemic influenza and anthrax. Project partners will include: service planning areas, community-based organizations (CBOs), Disaster Management Area Coordinators, city emergency managers, local law enforcement/public safety (police and fire), organized volunteer entities (i.e. CERT and Neighborhood Councils), cities with volunteer groups, and sponsoring agencies of volunteer groups.

- Building Community Resilience in Los Angeles County

This pilot will improve current community resilience levels in specific communities in service planning areas throughout Los Angeles County and establish action steps to increase community-wide preparedness. Our intent is to implement tested mechanisms/processes by which community resilience can be enhanced for improved outcomes during public health emergencies and other disasters. Community resilience entails the continuing capacity of a community to account for vulnerabilities and develop capabilities that aid in: 1) preventing, absorbing and mitigating the stress of a disaster with limited expectations of external support; 2) recovering in a way that rapidly restores the community to a state of self-sufficiency, minimally with same levels of health and social functioning after adversity; and 3) using knowledge from previous event response to improve the community's ability to withstand the next.

- Improving Disease Control Through Enhanced Use of Outbreak Data

Los Angeles County has made great strides in its ability to detect, investigate and track the multiple disease outbreaks that regularly occur in a county this large and diverse. Procedures to investigate and track numerous diseases are in place, as is an extensive and diverse network of syndromic surveillance systems which, employed correctly, enable near real-time situational awareness the health of the population, as well as rapid communication of identified cases. While these systems are robust, the emergence of Pandemic H1N1 in 2009 revealed some remaining limitations in our capabilities to rapidly identify possible disease cases, collect and analyze important local epidemiological data (morbidity, mortality, transmissibility, etc.), operationalize specific follow up procedures, and depict that information in a situational awareness system.

The response also revealed the need for an increased ability to analyze and utilize available data in order to influence and direct the strategies and administrative procedures best suited

for effective control of the disease. While Pandemic H1N1 presented unique response challenges, subsequent disease control lessons learned have broad appeal and ubiquitous application to other diseases and outbreaks.

This project will pilot the TransStat field epidemiology tool in LAC developed by the National Institutes of Health (NIH). The Department will work closely with developers at the University of Washington, Seattle to customize and demonstrate TransStat system for possible use and adoption in Los Angeles County for public health emergencies. Project partners include: University of Washington, Seattle, Centers for Disease Control and Prevention, service planning areas, community health centers, emergency response agency/organizations, sentinel surveillance physicians, and frontline clinicians.

- Enhancing Workforce Capacity to Respond to Public Health Emergencies

The primary purpose of this project is to continue development of the emergency preparedness and leadership frameworks, and expand workforce preparedness through a number of activities. The Public Health Employee Emergency Readiness Framework (PHEERF), which has been developed for all department employees, helps to ensure readiness in an actual event. Through the development of a comprehensive set of competencies, and associated trainings, exercises, and necessary resources, employees will be better prepared to respond to emergencies. Through development and ongoing roll-out of trainings and exercises, content and application of specific high priority plans (e.g., All Hazards, Continuity of Operations, Pandemic Influenza, and Mass Prophylaxis/Strategic National Stockpile) will be taught and exercises. Through collaborative networks with national partners, programs will be better coordinated to support national goals. Additionally, leadership development will continue as a key component of workforce readiness to respond to emergencies.

Since public health emergencies may require many staff to function in high-level decision-making roles in crisis environments, leadership training establishes the foundation for preparing employees to assume emergency preparedness roles and responsibilities in the Incident Command Structure. The department will continue to refine leadership training efforts and assure that areas of growth identified in after action reports are addressed. Technology and use of technological resources to build employee readiness is a critical component of workforce readiness. In addition to use of technology to advance training goals, a key technological resource that will be developed will be a robust department Employee Directory. Project partners will include: academic/educational institution, federal and state agencies, Association of State and Territorial Health Officials, Centers for Disease Control and Prevention, Centers for Public Health Preparedness, Department of Emergency Management Department of Family and Children Services, Department of Mental Health, emergency medical providers, emergency response agency/organizations, hospitals, Institute of Public Health, Law enforcement/public safety (police/fire), media/public relations/public affairs, medical responders, and UCLA School of Public Health.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
EMERGENCY PREPAREDNESS AND RESPONSE PROGRAM
WORK PLAN SUMMARY
FY 2010-11**

Program Requirements

- Emergency System for Advance Registration of Volunteer Health Professionals Compliance

Grantees are required to describe how they work with their state Hospital Preparedness Program to continue adopting and implementing the Interim Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) Technical and Policy Guidelines, Standards, and Definitions.

Since the Los Angeles County (LAC) Department of Health Services Emergency Medical Services (EMS) received the Hospital Preparedness Program Grant in 2006, the LAC Department of Public Health (LACDPH) has closely partnered with them to develop the LAC ESAR-VHP program. Currently, the LAC ESAR-VHP system utilizes the State of CA's Disaster Healthcare Volunteers (DHV) site for the electronic registration of health and non-health personnel who volunteer to assist during disasters and public health emergencies. In collaboration with LAC EMS, State of California Emergency Medical Services Authority (CA EMSA), and contractors: Volunteer Center of Los Angeles (VCLA) and Collaborative Fusion; the database of volunteers' information from LAC ESAR-VHP system was merged to the State DHV system in May 2009.

The DHV site has the capability to register health and non-health volunteers, applies emergency credentialing standards according the National ESAR-VHP, allows for the verification of the identity, credentials, and qualifications of registered volunteers in an emergency, and supports the deployment of volunteers. Continuing after the merger into one ESAR-VHP system for the State of California, LACDPH closely works with LAC EMS, and CA EMSA to coordinate and improve the ESAR-VHP system, known as Disaster Healthcare Volunteers (DHV) in California, to not only meet the ESAR-VHP Guidelines, but to also meet the needs of the Medical Reserve Corps (MRC) and County entities utilizing DHV to manage and emergency credential volunteer healthcare professionals.

- Public Health Information Network Compliance

Grantees are required to provide plans for implementing interoperable systems that demonstrate capabilities consistent with current Public Health Information Network (PHIN) PHIN requirements and that support the following functions:

- *Identification of events/conditions of public health incidents, through biosurveillance, including clinical data exchange with hospitals, urgent*

care centers, health information exchanges, laboratories, etc. For this project period, the Department will continue building/refining a number of systems to meet the PHIN requirements for the identification of events/conditions of public health incidents. These systems help improve surveillance and reporting and give us a picture of both diagnosed cases of illness, as well as those with suggestive symptoms.

- A) Visual Morbidity Confidential Reporting (vCMR) - Continue strengthening vCMR to receive disease reports 24/7/365: 1) Prepare for Migration to Reference Information Model (RIM) database. RIM is an HL7 3.0 inspired database design that will create a single unified standard for storing patient data, exchanging medical information (lab results, etc.), and delivering a single unified view of a patient's entire medical profile. 2) Prepare to upgrade to Version 10: Develop project plan and prepare an analysis that identifies all gaps between functionality in current version of vCMR (8.3) to Version 10.
 - B) Community Reporting Module (WebvCMR): Continue expansion and provide education to reporting community on how to utilize WebvCMR and identify any gaps or barriers.
 - C) Electronic Laboratory Reporting (ELR): 1) Continue electronic laboratory reporting. 2) Develop test catalogue with labs reporting large volume of positive test results but placed on hold due to staffing limitations. 3) Establish on-line manual lab reporting (MLR) with laboratories submitting low volume of positive test results. 4) Maintain quality assurance of the 21 existing labs reporting.
 - D) Syndromic Surveillance: LACDPH's Acute Communicable Disease Control program has developed a comprehensive syndromic surveillance system that currently incorporates 48 emergency departments (EDs), 1 ambulatory care clinic, and 8 complementary data sources. During this reporting period, we plan to: 1) Maintain and improve the current syndromic surveillance system and analysis with daily reports to key public health stakeholders. 2) Standardize the SAS programs for reading HL7 and other data sources. 3) Add an additional 5 key EDs. 4) Add school absenteeism. 5) Monitor influenza-like-illness (ILI) for influenza season. 6) Provide ILI data to the Distribute Project.
- *Analysis of data about public health, including outbreak management and integration of public health and clinical data.* DPH will initiate development of its new Case Management and Processing System (CMaP) system which will support data capture and surveillance relative for communicable diseases and related outbreaks. The initial phase of the CMaP development is expected to be completed within this grant period and will support public health nursing and investigation activities. The system will provide basic outbreak management functions at the outset. Robust outbreak management capabilities will be implemented in a subsequent phase. The CMaP system will be focused on providing on base functionality to support public health nursing and investigation activities for Phase I of the development effort. The CMaP effort will

attempt to adopt some aspects of the RIM 3.0 Data Model in order to enhance alignment with PHIN. However, it is not expected that the CMAP system will be fully compliant or certified to support outbreak management or the integration of public health and clinical data during this upcoming grant period.

- *Communication of data about public health incidents including dissemination of alerts and secure sharing of preliminary information about suspected events.* LACDPH's primary alerting, notification and info sharing system is the California Health Alert Network (CAHAN). It is a secure web based system with rapid communication via phone, email, fax, pagers and smart phones. During this project period, LACDPH will accomplish the following:
 - 1) System Upgrades: In fall 2010 CAHAN system will upgrade to new notification features. LACDPH will play comprehensive role in the upgrade including system capabilities, policies and procedures for messaging, training curriculum, user support procedures, training outreach materials and strategies.
 - 2) Back-up System: The Los Angeles Health Alert Network (LAHAN) will serve as a redundant system. LAHAN is scheduled to be the main notification system to message internal LACDPH staff in the spring of 2011.
 - 3) User Directory and User Support: Staff will maintain user directory and create organizing units, user roles and role groups for efficient notification. LACDPH HAN staff will continue to provide user help for all LAC users.
 - 4) Message Distribution: LACDPH will meet all requests for notification support on a 24/7 basis. HAN staff will draft summary messages and recommend appropriate recipients. A rewriteable HAN Template and Request form will be completed for internal staff.
 - 5) Outreach and Enrollment: LACDPH will revise the semi-automated web scripting program created by LACDPH that allows for a new user to be added quickly and eliminates data entry errors. Staff will revise and update the LACDPH HAN registration site.
 - 6) Health Maintenance Organizations: LACDPH HAN staff will enroll HMO contacts including administrators and medical directors. HMOs are currently enrolled and represent the most efficient pathway to alert a majority of physicians in LAC, including by specialty.
 - 7) Pharmacies: LACDPH HAN staff will continue to outreach to and enroll independent pharmacies in LAC.
 - 8) Skilled Nursing: Staff will partner with CDPH and California Association of Health Facilities at a local level to outreach to and enroll all licensed skilled and long term nursing facilities in LAC.

- 9) Hospitals and Clinics: LACDPH will outreach to and enroll significant roles from hospitals and clinics and maintain currently enrolled contacts.
 - 10) State Standard Roles: LACDPH will continue to maintain and enroll those roles established by CDPH including Animal Control, the Coroner and Mental Health roles.
 - 11) Training: LACDPH HAN staff will resume outreach and training efforts to reflect CAHAN system upgrade and will make training more readily available and accessible across LAC. Revised training and user support materials will be distributed widely to all users.
 - 12) Webinar Training: Staff will establish regular webinar training for internal staff for use of notification other system features and ongoing training for all users with a focus on health care facilities and hospital HAN Coordinators.
 - 13) Website: LACDPH will create a centralized website with training materials and schedules, enrollment and user support links.
 - 14) Training Materials: All user guides will all be revised to reflect system upgrade and a guide will be newly developed by LACDPH targeting all HAN Coordinators. Computer Based Training: LACDPH will develop computer based training for all User Guides.
 - 15) Partner with State and Federal Agencies: LACDPH will maintain an extensive plan and partner with CDPH to implement all program and expansion goals. Staff will also participate in all related CDC led activities.
- *Intervention in public health incidents, including countermeasure and response administration.* DPH will continue activities to meet the PHIN requirement for intervention in public health incidents, including countermeasure and response administration. During this project period, DPH will expand and improve its Mass Prophylaxis/Point of Dispensing data collection, processing and reporting system using scan-based optical character recognition technology. DPH will expand implementation through a serve-based system allowing for data scanning to occur remotely, and data verification and cleaning at specific pre-identified sites that will allow multiple users to verify/clean data simultaneously. DPH will expand the number of data verifier licenses and will upgrade its server based client data storage capabilities. DPH will also work with the state to develop a system through which scanned data can be imported into the California Immunization Registry. We are also considering participating in the fall CDC Countermeasure Resources Administration (CRA) annual test.

- State Office for Aging

Grantees are required to engage the County and City Office for Aging in addressing the emergency preparedness, response, and recovery needs of the elderly.

DPH continues a community collaborative with our two Area Agencies on Aging (AAA) in the City of LA Dept of Aging and LAC Dept Community and Senior Services (servicing the county's other 87 cities). DPH convenes the Senior Emergency Preparedness Action Committee (SEPAC) each month. SEPAC's mission was started in 2008 to establish collaborative initiatives to address identified gaps in emergency preparedness, response, recovery plans for LAC's older adult community-dwelling populations. SEPAC membership strategically expanded to include other government umbrella nonprofit agencies w/ designated roles in emergency preparedness/response who could assist in providing assistance and/or serve as conduit of information to our older adult populations, especially the most vulnerable. SEPAC has 13 member agencies: 3 City of LA Departments (DOA, Rec/Parks, EPD); 8 LAC Depts (DPH EPRP and Office of Senior Health; CSS; LAOEM; DMH; Parks/Rec, DPSS; Personal Assistance Services Council (LAC's Public Authority for InHome Supportive Services); 2 nonprofits (ARC of Greater LA; Emergency Network Los Angeles-ENLA-the primary pt of contact w/CBOs for EP, response, recovery efforts). During this project period, SEPAC will interface w/ LAC's 8 DMACs as a way to disseminate aging-specific preparedness info to LAC's other 87 cities.

- Emergency Preparedness Plans Public Comment

Grantees are required to solicit public comment on emergency preparedness plans and their implementation, including the establishment of an advisory committee or similar mechanism to ensure ongoing public comment.

During this grant year, DPH will continue to solicit public comment on emergency preparedness plans and their implementation through a number of mechanisms including chairing the bi-annual Public Health Emergency Preparedness (PHEP) Advisory Committee meetings (formerly known as the Senior Advisory Committee), and participating in the Los Angeles County Emergency Management Council meetings and quarterly HPP Advisory Committee, and the State Joint Advisory Committee meetings. DPH will also continue to engage public comment from the business sector through the Homeland Security Advisory Council, and community-based/faith-based agencies through Emergency Network Los Angeles, Inc. (the LA County Volunteer Organizations Active in Disasters). In addition, DPH engages local law and fire through the Department of Homeland Security Urban Area Initiative and State Homeland Security Grants Program meetings, as well as has a permanent representative in the DHS-funded Alliance that performs operational area interagency planning for the County's 88 cities.

- Accredited Schools of Public Health

Grantees are required to collaborate with Accredited Schools of Public Health including all Funded by CDC's Office of Public Health Preparedness and Response (OPHPR). The collaboration should include plans to develop, deliver, and evaluate competency-based training and education programs based on identified needs of state, local, territorial, and tribal agencies for building workforce preparedness and response capabilities.

During this grant year, DPH will continue collaboration with the University of Los Angeles (UCLA) Center for Public Health and Disasters, a designated Center for Public Health Preparedness (CPHP), with whom we have worked extensively over the past several years. The DPH EPRP Director currently serves on the Center's advisory committee. DPH will also strengthen collaboration on outreach to CBO's/FBO's through a priority project.

In July 2009, UCLA assisted DPH with a joint Public Health/FBI Conference where Health Officers from DPH and six other partner counties (San Luis Obispo, Santa Barbara, Ventura, Orange, San Bernardino and Riverside) met to address intelligence sharing through the Los Angeles Joint Regional Intelligence Center (JRIC) in a manner that would benefit each county. The lessons learned from the July conference illustrated the need for the development of protocols to guide DPH personnel assigned to the JRIC and support their ability to collect, analyze, and disseminate intelligence information to public health departments, and enhance their ability to detect and respond to a bioterrorism event. No template exists for this process and therefore a project team composed of members of DPH's Technical Advisory Group (TAG) and the DPH staff detailed to the JRIC, are working in collaboration with UCLA CPHD to develop these protocols.

- Mass Prophylaxis and Countermeasure Distribution and Dispensing

Grantees are required to continue the development and exercising of mass prophylaxis and countermeasure distribution and dispensing plans and local operational capabilities. Under this project, DPH will continue the development and refinement of the mass prophylaxis and countermeasure distribution and dispensing operations.

During this project period, DPH will:

A) Point of Dispensing (POD) Data System: DPH will expand implementation of the scan-based optical character recognition technology data collection, processing and reporting system through a server-based system allowing for data scanning to occur remotely, and data verification and cleaning at specific pre-identified sites that will allow multiple users to verify/clean data simultaneously. DPH will expand the number of data verifier licenses and will upgrade its server based client data storage capabilities. LACDPH will also work with the state to develop a system through which scanned data can be imported into the California Immunization Registry. We are also considering participating in the fall Countermeasure Resources Administration (CRA) annual test.

- B) Transportation Plan: LACDPH will update its transportation plan based on lessons learned during H1N1. In addition, LACDPH will continue to pursue MOU's with commercial transportation service providers.
- C) Alternate Dispensing Strategy: LACDPH will continue to expand its Alternate Dispensing Strategies by continuing to pursue MOUs with agencies capable of assisting in mass prophylaxis. LACDPH will continue to pursue MOUs with Kaiser Permanente, engage Critical Infrastructure Businesses, analyze the feasibility of instituting limited door-to-door dispensing using the USPS in geographically isolated areas since LACDPH covers over 4,000 square miles. Continue working with the Coast Guard, Veterans Administration and local Airforce bases to provide mass prophylaxis to their staff and members using their own staff and infrastructure and explore the possibilities of utilizing assistance from Schools, Colleges, Universities and Pharmacies based on their participation in H1N1.
- D) POD Planning: LACDPH will continue its efforts to identify suitable POD sites within LAC and create pre-plans for their use during public health emergencies. LACDPH will be adding 8 new POD plans to the 174 that currently exist in LAC in the 2010 grant year. These 8 sites will be chosen based on geographic and demographic gaps in the current POD coverage in LAC. LACDPH plans to use the same contractor, Willdan, Inc., that has been working on this project from the beginning.
- E) POD Exercises: LACDPH will continue its successful annual "Flu PODs" exercise series in Fall 2010. The final number of PODs in the 2010 series has not yet been determined.
- F) Mass Prophylaxis Plan: LACDPH is currently in the process of updating its Mass Prophylaxis Plan to incorporate lessons learned during the massive response to pandemic H1N1 in 2009. These changes will reflect lessons learned in command and control at the DOC level, as well as lessons learned at the individual POD level.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
EMERGENCY PREPAREDNESS & RESPONSE PROGRAM (EPRP)
FY2010-11 PERFORMANCE MEASURES, ADDITIONAL & ADMINISTRATIVE REPORTING REQUIREMENTS**

I. CDC PERFORMANCE MEASURES						
The following are required EPRP performance goals. These performance goals and associated measures are an important tool for EPRP to demonstrate essential public health emergency preparedness and response capabilities. (Note: Items with an asterisk * indicate requirements that affect fiscal year 2012 funding per the Pandemic and All Hazards Preparedness Act.)						
ITEM	GOAL	DESCRIPTION	REQUIREMENT	TIME PERIOD	DUE DATE	
Staff Notification*	To demonstrate the capability to notify key staff to cover all incident management functional roles for managing a complex incident.	Provide the details from any exercise or actual event requiring key staff notification, at least one of which is unannounced and outside normal business hours (i.e., incident description, notification method, acknowledgment method, incident command system [ICS] roles, number of staff to cover ICS roles, number of staff acknowledged notification, start time/end time for receipt of all notifications).	Annually, report the results of the department's two best efforts	08/10/10-08/09/11	11/09/2011	
Staff Assembly	To demonstrate the capability to assemble key staff to cover all incident management functional roles for managing a complex incident.	Provide the details from any exercise or actual event requiring key staff assembly, at least one of which is unannounced and outside normal business hours (i.e., incident description, type, department operations center activation [DOC], ICS roles, number staff to cover ICS roles, number staff notified, number reported for duty, start time/end time for assembly of all notified staff).	Annually, report the results of the department's two best efforts	08/10/10-08/09/11	11/09/2011	
Incident Action Plan (IAP)	To demonstrate the capability to develop plans for managing a complex incident.	Provide the details from any exercise or actual event that extended two operational periods or longer resulting in a written IAP (i.e., incident type, complexity, description, timing,	Annually, report the results of the department's two best efforts	08/10/10-08/09/11	11/09/2011	

1. CDC PERFORMANCE MEASURES

The following are required EPRP performance goals. These performance goals and associated measures are an important tool for EPRP to demonstrate essential public health emergency preparedness and response capabilities. (Note: Items with an asterisk * indicate requirements that affect fiscal year 2012 funding per the Pandemic and All Hazards Preparedness Act.)

ITEM	GOAL	DESCRIPTION	REQUIREMENT	TIME PERIOD	DUE DATE
After Action Report (AAR) and Improvement Plan (IP)	To demonstrate the capability to document key actions taken for managing a complex incident, and recommending the most important public health-related corrective actions for future incidents.	Report those AARs submitted for clearance within the public health agency during the reporting period from any exercise or actual event where the public health agency responded in either a lead or assisting agency role.	Annually, report the results of the department's two best efforts	08/10/10-08/09/11	11/09/2011
Crisis and Emergency Risk Communications with the Public	To demonstrate the capability to develop and issue timely risk communications for the public for managing a complex incident.	Provide the details from any exercise or actual event that resulted in the development of an incident's first risk communication message to the public (i.e., incident description, type, number of federal, state, and local partner agencies, agency role, partner type, message type, reading level, intended audience, language, delivery method, recipient, dissemination partner, date/time message requested, date/time message approved).	Annually, report the results of the department's two best efforts	08/10/10-08/09/11	11/09/2011
Biosurveillance Measures	Pending	In development	TBD	03/01/11-08/09/11	11/09/2011

I. CDC PERFORMANCE MEASURES					
The following are required EPRP performance goals. These performance goals and associated measures are an important tool for EPRP to demonstrate essential public health emergency preparedness and response capabilities. (Note: Items with an asterisk * indicate requirements that affect fiscal year 2012 funding per the Pandemic and All Hazards Preparedness Act.)					
ITEM	GOAL	DESCRIPTION	REQUIREMENT	TIME PERIOD	DUE DATE
(Epidemiology, Surveillance & Investigation, and Laboratory Capabilities)					
Strategic National Stockpile (SNS) Technical Assistance Review (TAR)*	To demonstrate the capability to receive, stage, store, distribute, and dispense SNS medical materiel during a public health emergency.	Participate in the annual SNS TAR that assesses readiness in the following key areas: SNS planning, managing SNS operations, requesting SNS assets, tactical communications, public information, security, controlling inventory, distribution, dispensing, hospital coordination, training, exercise and evaluation.	Annually, obtain a minimum score of 89 out of 100 on the TAR.	08/10/10-08/09/11	11/09/2011
Division of SNS (DSNS) Drills*	To demonstrate the capability to receive, stage, store, distribute, and dispense SNS materiel during a public health emergency.	Conduct and report the results from a minimum of three DSNS drills during an exercise or actual event from the following: resource allocation, decision making, distribution, staff call down/ notification, site activation, facility set-up, dispensing throughput, or pick-list generation.	Annually, submit the results of a minimum of three DSNS drills.	08/10/10-08/09/11	11/09/2011
Pandemic Influenza Operational Plan*	To demonstrate the capability to effectively respond to an influenza pandemic.	Submit a pandemic influenza operational plan, subject to federal assessment and scoring, covering the following key operational areas: 1) ensure public health continuity of operations, 2) ensure surveillance and laboratory capability, 3) implement community mitigation interventions, 4) acquire and distribute medical countermeasures, 5) ensure mass	Pending - Guidance and evaluation criteria for the pandemic influenza operational plan assessments will be released by the CDC	N/A	07/31/2011

I. CDC PERFORMANCE MEASURES

The following are required EPRP performance goals. These performance goals and associated measures are an important tool for EPRP to demonstrate essential public health emergency preparedness and response capabilities. (Note: Items with an asterisk * indicate requirements that affect fiscal year 2012 funding per the Pandemic and All Hazards Preparedness Act.)

ITEM	GOAL	DESCRIPTION	REQUIREMENT	TIME PERIOD	DUE DATE
	vaccination capability, and 6) ensure communication capability.	Coordination Unit no later than March 31, 2011.			

II. CDC ADDITIONAL REPORTING REQUIREMENTS

The following are additional EPRP reporting requirements. Through the submission of these requirements, EPRP demonstrates important functional public health capabilities.

ITEM	DESCRIPTION	REQUIREMENT	TIME PERIOD	DUE DATE
Exercise Schedule	Develop and submit a schedule of all public health exercises that the department leads or participates in.	Annually submit the exercise schedule.	08/10/10-08/09/11	12/31/2010
Preparedness Exercise	Develop and conduct a minimum of one public health preparedness exercise.	Annually submit an AAR for the exercise, ideally within 60 days after completion of the exercise, and meeting Homeland Security Exercise and Evaluation Program (HSEEP) standards.	08/10/10-08/09/11	11/09/2011
Mass Prophylaxis Exercise	Develop and conduct a minimum of one mass prophylaxis exercise testing key components of mass prophylaxis/dispensing plans.	Annually submit an AAR for the exercise, ideally within 60 days after completion of the exercise and meeting HSEEP standards. Also submit any associated DSNS worksheets.	08/10/10-08/09/11	11/09/2011

II. CDC ADDITIONAL REPORTING REQUIREMENTS

The following are additional EPRP reporting requirements. Through the submission of these requirements, EPRP demonstrates important functional public health capabilities.

ITEM	DESCRIPTION	REQUIREMENT	TIME PERIOD	DUE DATE
Countermeasure & Response Administration Data Collection Project (Biosurveillance)	Using information collected through at least eight (8) seasonal influenza vaccination clinics (mix of Urban, Suburban, Exurban & Rural Areas), report to CDC data on vaccination doses administered.	Annually submit required seasonal flu vaccine data through the CDC Countermeasure and Response Administration System.	No further reporting is needed. H1N1 vaccination clinics were used to meet this requirement.	N/A

III. CDC ADMINISTRATIVE REPORTING REQUIREMENTS

The following are EPRP administrative reporting requirements. Through the submission of these documents, EPRP demonstrates adherence to federal grant management requirements.

ITEM	DESCRIPTION	TIME PERIOD	DUE DATE
FY09-10 End-of-year Report	Submit final progress on Priority Projects and Program Requirements for last half of fiscal year.	03/01/10-08/09/10	11/09/2010
FY09-10 Final Financial Status Report (FSR)	Submit final FSR for last half of fiscal year.	03/01/10-08/09/10	11/09/2010
FY10-11 Mid-year Progress Report	Submit initial progress on Priority Projects and Program Requirements for first half of fiscal year.	08/10/10-02/28/11	04/30/2011
FY10-11 Estimated FSR	Submit estimated FSR for first half of fiscal year.	08/10/10-02/28/11	04/30/2011
FY10-11 End-of-year Report	Submit final progress on Priority Projects and Program Requirements for last half of fiscal year.	03/01/11-08/09/11	11/09/2011

Attachment 3
 Performance Measures and Administrative Reporting Requirements
 July 2010

FY10-11 Final FSR	Submit final FSR for last half of fiscal year.	03/01/11-08/09/11	11/09/2011
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Attachment 4

CDC BT 10-11 Grant
Line Item Expenditures

COUNTY SALARIES	8,941,188
CONTRACT SALARIES	1,184,646
COUNTY FRINGE BENEFITS @ 47.96%	4,269,968
CONTRACT FRINGE BENEFITS	389,023
TRAVEL	175,903
EQUIPMENT	9,200
SUPPLIES	330,235
CONTRACTUAL	3,092,312
CONSTRUCTION	0
OTHER	1,089,365
TOTAL DIRECT CHARGES	19,481,840
INDIRECT CHARGES @ 27.30%	2,440,944
CONTRACT INDIRECT CHARGES	148,763
TOTALS	22,069,547

TRAVEL

Mileage	33,864
In-State Travel	20,752
Out-of-State Travel	81,287
Contract Travel	40,000
TOTAL TRAVEL	175,903

EQUIPMENT

Perkin Elmer S10 Autosampler	9,200
TOTAL EQUIPMENT	9,200

SUPPLIES

General Office Supplies	100,531
Computer Related Supplies	46,011
Program Supplies	17,650
Training Supplies	48,408
Public Health Laboratory Supplies	100,135
Contract Supplies	17,500
TOTAL SUPPLIES	330,235

CONTRACTUAL

LHD PARTNERS

City of Long Beach	1,034,939
City of Pasadena	319,281

INFORMATION TECHNOLOGY

Atlas vCMR	413,733
RODS	22,671
HLN	13,014
IT Development & QA Support	139,014
ITSSMA	272,597

OTHER CONTRACTUAL

Storage	150,000
Community Resiliency Projects (ENLA, UCLA, RAND)	450,000
School Tool Kits	23,370
POD Evaluation	105,500
Pandemic Modeling	100,000
Medical Reserve Corp (MRC)	35,000
San Bernardino & San Diego Vet Lab	13,193
TOTAL CONTRACTUAL	3,092,312

OTHER

Facility Leases	343,892
Utilities	27,604
Equipment Maintenance	55,962
Coroner	18,200
PHL Warranty/Services/Maintenance Agreements	135,814
Conference/Training/Exercises	111,131
Relocation/Installation/Shipping	9,000
Subscriptions/Validations	12,700
Courier Service	13,200
Disaster Call Center	139,846
Web & Data Hosting Services	59,300
Software/License Maintenance	64,717
Telecommunications	62,448
Translations	29,600
Printing	6,800
Public Health Emergency Response Team (PHERT)	1,151
TOTAL OTHER	1,089,365

Attachment 5

Grant Salaries & Employee Benefits Summary

Base/CRI Staff:	13,211,156
Contract Staff:	1,573,669
Total:	14,784,825

Category: General Program-Administration

Position	Number of Positions	S&EB
Accountant II	1	\$83,701
Accounting Technician II	3	\$139,191
Administrative Assistant II	1	\$89,666
Administrative Assistant III	2	\$189,640
Administrator, Specialized Health Program	1	\$239,601
Assistant Nursing Director, Adm	1	\$226,234
Assistant Staff Analyst, Health	3	\$176,624
Clinical Social Work Consultant	1	\$126,341
Contract Program Auditor	1	\$108,434
Health Care Financial Analyst	1	\$104,244
Management Secretary III	1	\$94,688
Procurement Assistant II	1	\$76,962
Public Health Investigation Manager	1	\$114,198
Public Health Nurse	9	\$1,232,432
Senior Staff Analyst, Health	3	\$273,490
Senior Typist Clerk	3	\$161,893
Senior Veterinarian	1	\$229,840
Staff Analyst, Health	5	\$663,657
Student Professional Worker I	3	\$25,323
Total		\$4,356,182

Category: CRI

Position	Number of Positions	S&EB
Assistant Program Specialist, PHN	1	\$126,926
Assistant Staff Analyst, Health	1	\$119,083
Disaster Services Analyst	3	\$236,984
Disaster Services Specialist	1	\$156,183
Epidemiologist	1	\$121,749
Pharmacy Services Chief I	1	\$200,845
Program Specialist, PHN	1	\$178,592
Research Analyst III	1	\$113,361
Senior Typist Clerk	1	\$62,213
Total		\$1,315,934

Category: Surveillance & Response

Position	Number of Positions	S&EB
Administrative Assistant III	1	\$99,954
Assistant Program Specialist, PHN	1	\$168,340
Chief Physician III	1	\$303,997
Epidemiologist	4	\$486,996
Epidemiology Analyst	3	\$267,083
Health Education Assistant	1	\$72,196
Health Educator	1	\$92,159
Information System Analyst II	1	\$118,492
Intermediate Typist Clerk	3	\$110,441
IT Technical Support Analyst II	2	\$187,530
Medical Technologist, Data Systems	2	\$252,059
Program Specialist, PHN	3	\$178,592
Public Health Nurse	6	\$770,275
Research Analyst III	3	\$230,131
Secretary II	2	\$121,505
Senior Health Educator	1	\$99,710
Sr. IT Technical Support Analyst	1	\$116,473
Senior Physician MD	2	\$204,814
Senior Secretary IV	1	\$89,686
Total		\$3,970,433

Category: Lab

Position	Number of Positions	S&EB
Administrative Assistant III	1	\$56,023
Clinical Chemist	1	\$136,382
Clinical Chemist Supervisor I	1	\$140,482
Clinical Lab Scientist II	2	\$223,383
Clinical Microbiologist I	1	\$118,196
Public Health Microbiologist II	1	\$111,692
Public Health Microbiologist Supervisor II	1	\$26,220
Senior Typist Clerk	2	\$62,213
Staff Assistant II	1	\$43,110
Total		\$917,701

Category: IT

Position	Number of Positions	S&EB
Communication Services Analyst	1	\$46,474
Information Systems Analyst I	1	\$82,746
Information Systems Analyst II	1	\$118,492
Senior Information Systems Analyst	2	\$180,423
Senior Information Technology Aide	1	\$15,935
Senior Network Systems Administrator	3	\$171,325
Physician Specialist	1	\$102,200
Senior Typist Clerk	3	\$87,098
Staff Analyst, Health	1	\$99,954
Student Professional Worker I	1	\$12,661
Total		\$917,308

Category: Risk Communications

Position	Number of Positions	S&EB
Information System Analyst II	1	\$94,793
Public Information Officer I	1	\$108,699
Senior Typist Clerk	1	\$49,770
Total		\$253,262

Category: Education and Training

Position	Number of Positions	S&EB
Administrative Assistant II	1	\$86,219
Assistant Nursing Director, Education	1	\$226,235
Assistant Program Specialist, PHN	1	\$168,340
Head Staff Development Specialist	1	\$112,523
Health Educator	2	\$92,159
Intermediate Typist Clerk	2	\$99,396
Senior Health Educator	1	\$99,710
Senior Typist Clerk	2	\$59,102
Staff Analyst, Health	1	\$132,731
Staff Development Specialist	3	\$305,996
Video Production Specialist	1	\$95,923
Total		\$1,478,335

Attachment 5

Contract Personnel

Position	Number	S&EB
Category: Base Funding - Contract Staff		
Planning Analyst*	5	\$243,635
Health Educator*	1	\$39,642
Clinical Microbiologist II*	1	\$55,977
Clinical Chemist*	3	\$176,118
Epidemiologist*	1	\$23,322
Multi Media Svcs. Mgr.*	1	\$43,056
Principal Information Systems Analyst*	1	\$53,151
Senior Disaster Svcs. Analyst*	1	\$57,093
TOTAL BASE		\$691,994
Category: CRI Funding - Contract Staff		
Disaster Svcs. Analyst	2	\$220,961
Planning Analyst	4	\$455,274
Program Assistant	3	\$205,440
TOTAL CRI		\$881,675

TOTAL CONTRACTUAL STAFF **\$1,573,669**

* Denotes partial-year funding; balance to be funded with grant carryover